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Regulations Governing
Physical Examination

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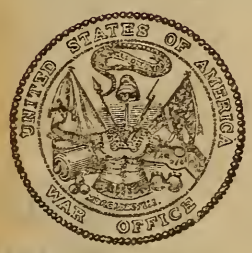
U.S. Provost-marshal-general's bureau.

Regulations Governing Physical Examinations

PRESCRIBED BY THE PRESIDENT UNDER AUTHORITY OF THE ACT OF CONGRESS APPROVED MAY 18, 1917



FORM NO. 11, P. M. G. O.

WITH MODIFICATIONS TO AUGUST 27, 1917

WASHINGTON
GOVERNMENT PRINTING OFFICE
1917

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War Department,
Washington, July 2, 1917.

Under authority vested in him by the act of May 18, 1917, the PRESIDENT OF THE UNITED STATES prescribes the following Regulations Governing Physical Examinations under said act, and directs that said Regulations be published for the government of all concerned and that they be strictly observed.

Newton D. Baker,
Secretary of War.

D. of D.
OCT 22 1917

G.G.H. 5/13/19

REGULATIONS GOVERNING PHYSICAL EXAMINATIONS UNDER THE SELECTIVE SERVICE ACT OF MAY 18, 1917.

Prepared by the Surgeon General of the Army.
Prescribed by the President of the United States.

1. It is important, to begin with, that the examining physician should realize that there will be a certain proportion of men among those presenting themselves for examination who will endeavor to obtain exemption by dissimulation, varying from exaggeration of an existing condition not disqualifying to downright malingering, and he should be prepared to protect the Government and himself against such attempts at deception.

2. The physical examination should take place in a large, well-lighted room. The person examined is to be stripped. The examining physician should proceed in substantially the following order, viz:

(*a*) Observe the general condition of the skin, scalp, and cranium, ears, eyes, nose, mouth, face, neck, and chest. Take weight, height, and chest measurements. Accepted measurements are as follows, all chest measurements to be taken on a level just above the nipple:

Height.		Weight (pounds).	Chest measurement.	
Feet.	Inches.		At expiration (inches).	Mobility (inches).
$5\frac{1}{12}$	61	118	31	2
$5\frac{2}{12}$	62	120	31	2
$5\frac{3}{12}$	63	124	31	2
$5\frac{4}{12}$	64	128	32	2
$5\frac{5}{12}$	65	130	32	2
$5\frac{6}{12}$	66	132	$32\frac{1}{2}$	2
$5\frac{7}{12}$	67	134	33	2
$5\frac{8}{12}$	68	141	$33\frac{1}{4}$	$2\frac{1}{2}$
$5\frac{9}{12}$	69	148	$33\frac{1}{2}$	$2\frac{1}{2}$
$5\frac{10}{12}$	70	155	34	$2\frac{1}{2}$
$5\frac{11}{12}$	71	162	$34\frac{1}{4}$	$2\frac{1}{2}$
6	72	169	$34\frac{3}{4}$	3
$6\frac{1}{12}$	73	176	$35\frac{1}{4}$	3
$6\frac{2}{12}$	74	183	$36\frac{1}{4}$	3
$6\frac{3}{12}$	75	190	$36\frac{3}{4}$	$3\frac{1}{4}$
$6\frac{4}{12}$	76	197	$37\frac{1}{4}$	$3\frac{1}{2}$
$6\frac{5}{12}$	77	204	$37\frac{1}{2}$	$3\frac{3}{4}$
$6\frac{6}{12}$	78	211	$38\frac{1}{4}$	4

The following variations below the standard given in the table are permissible, when the applicant is *active, has firm muscles, and is evidently vigorous and healthy:*

Height.	Chest at expiration.	Weight.
Inches.	*Inches.*	*Pounds.*
61 and under 64	1	8
64 and under 68	2	10
68 and under 69	2	12
69 and under 70	2	15
70 and under 73	2	20
73 and upward	2	24

To be acceptable, men below 64 inches in height must be of good physique, well developed, and muscular.

Variations in weight above the standard are not disqualifying, unless sufficient to constitute obesity. Unless exceptionally well proportioned, men above 6 feet 6 inches in height should be rejected.

(*b*) The arms being extended above the head, backs of hands together, the applicant is required to cough vigorously; any form of rupture may now be discovered by the hand and eye, but still better by the index finger passed up to the external ring.

(*c*) The arms remaining extended above the head, the applicant is required to take a long step forward with the right foot and bend the right knee; the genital organs are now conveniently exposed and varicocele and other defects in the scrotum may be recognized.

(*d*) Arms down and the man required to separate the buttocks with his hands, at the same time bending forward; this exposes the anus.

(*e*) Examine heart and lungs; rate of pulse and respiration.

(*f*) Upper extremities: Make sure that all joints are free and supple, from the phalanges to the shoulder.

(*g*) Lower extremities: The person under examination is required to leap directly up, striking the buttocks with the heels, to hop the length of the room on the ball of first one foot and then the other, to make a standing jump as far as possible and repeat it several times, to run the length of the room in double-time several times: after which his heart and lungs are reexamined.

(*h*) *Mental.*—The mental examination should be such as to develop whether or not the man examined is possessed of normal, sound understanding.

(*i*) *Vision.*—To determine the acuity of vision, without glasses, place the person under examination with back to window at a distance of 20 feet from the test types. Examine each eye separately, without glasses, covering the other eye with a card (not with the hand). The applicant is directed to read the test types from the top of the chart down as far as he can see, and his acuity of vision recorded for each eye, with the distance of 20 feet as the numerator of a fraction, and the size of the type of the lowest line he can read correctly as the denominator. If he reads the 20-feet type correctly, his vision is normal and recorded 20/20; if he does not read below the 30-feet type, the vision is imperfect and recorded 20/30; if he reads the 15-feet type, the vision is unusually acute and recorded 20/15, etc.

(*j*) In accordance with these conclusions, the minimum visual requirements are as follows: 20/40 for the better eye, and 20/100 for the poorer eye, provided that no organic disease exists in either eye.

(*k*) *Hearing.*—To determine the acuity of hearing, place the applicant facing away from an assistant who is 20 feet distant and direct him to repeat promptly the words spoken by the assistant. If he can not hear the words at 20 feet, the assistant should approach foot by foot, using the same voice, until the words are repeated correctly. Examine each ear separately, closing the other ear by pressing the tragus firmly against the meatus. The examiner, whose hearing should be normal, faces in the same direction as the candidate and closes one of his own ears in the same way as a control. The assistant should use a low conversational voice (not a whisper), just plainly audible to the examiner, and should use numerals, names of places, or other words or sentences until the condition of the applicant's hearing is evident. The acuity of hearing is expressed in a fraction the numerator of which is the distance in feet at which the words are heard by the candidate and the denominator the distance in feet at which the words are heard by the normal ear; thus 20/20 records normal hearing, 10/20 imperfect hearing, etc. If any doubt should exist as to the truthfulness of the answers given, a watch should be used, care being taken that the individual does not know the distance from the ear at which it is being held; the watch used should be one whose ticking strength has been tested by trial on a normal ear. The hearing with both ears open should not be below 10/20.

3. The following defects are causes for rejection:

Mental.—Lack of normal understanding.

Skin.—Chronic, contagious, and parasitic diseases, when severe and extensive; chronic ulcers, deep or extensive.

Head.—Abrupt depression in skull, the consequence of old fracture.

Spine.—Curvatures, caries, abscess. Lateral curvature is cause for rejection when it exceeds 1 inch to either side of the line of spinous processes, especially when it throws the shoulders out of symmetry.

Ears.—All catarrhal and purulent forms of otitis media; perforation of tympanum.

Eyes.—Acuity of vision below the requirements of paragraph 2 (j); conjunctival affections, including trachoma and entropion; strabismus, diseases of the lachrymal apparatus, exophthalmos, ptosis, asthenopia, nystagmus.

Mouth, *nose*, and *fauces.*—Deformities interfering with mastication or speech, chronic ulcerations, fissures or perforations of the hard palate, hypertrophy of the tonsils sufficient to interfere with respiration or phonation, loss of voice or manifest alteration of it. The person must have at least four serviceable molar teeth, two above and two below on one side and two above and two below on the other side, and so opposed as to serve the purpose of mastication. A good fitting bridge or plate where not more than one-half of the teeth are involved is not disqualifying.

Obstruction of nostrils, or foul discharges indicative of ozena.

Simple atrophic rhinitis is readily curable. Nasal polypi often mean chronic sinusitis, but are not a bar to acceptance for military

service. Sunken or scarred nose is often indicative of syphilis, while a red bulbous nose suggests alcoholism or indigestion.

Neck.—Pronounced goiter, great enlargement or ulcerations of the cervical glands.

Chest.—Disease of lungs and heart, especially in flat or narrow or malformed chest. In examining the heart care must be taken not to ascribe to disease the hurried, sharply accentuated action sometimes due to nervousness, fright, or embarrassment, or the irregular action caused by the excessive use of tobacco. Nor should the examiner attach undue importance to the soft systolic murmurs often heard in growing athletic youths, functional and temporary in their nature.

Abdomen.—Chronic inflammations of the gastro-intestinal tract, including chronic diarrhea and dysentery and other diseases of the contained organs; great care should be exercised before exempting for these conditions; hernia in all situations.

Anus.—Hemorrhoids of a pronounced type, prolapsus, fistula and fissures.

Genito-urinary organs.—Syphilis when discernible by inspection and physical examination; tight urethral stricture, undescended testicle, chronic orchitis, marked hydrocele; chronic disease of the bladder and kidneys. Varicocele does not constitute a cause for rejection unless it is so large as to interfere with locomotion; it frequently occurs among the most robust men and often without their being aware of its existence. Gonorrhea, acute and chronic, is not disqualifying, but individuals so affected should be advised immediately to secure appropriate medical treatment pending receipt of orders to report for duty.

Affections common to both extremities.—Chronic rheumatism and diseases of the joints of disabling type, irreducible dislocation or false joints, old dislocations if attended with impairment of motion or distortion of the joint, severe sprains, chronic synovitis, badly united fractures, caries, necrosis, atrophy or paralysis, extensive or adherent scars, permanent contraction of muscles.

Hands.—Webbed fingers, permanent flexion, extension or loss of motion of one or more fingers; loss or serious mutilation of either thumb, total loss of index finger of the right hand, total loss of any two fingers of the same hand, or loss of the second and third phalanges of all the fingers of either hand.

Lower extremities.—Pronounced varicose veins, especially when attended with edema or marks of ulceration, pronounced knock-knees, club feet, flat feet, webbed toes, bunions, over-riding or marked displacement or deformity of any of the toes, hammertoes.

The shin bone, if rough, nodulated, and tender, suggests syphilis.

A broad, flat sole is common in laboring classes, particularly among negroes, and is in no way disabling. In the flat foot which renders a man unfit for service the arch is so far gone that the entire border rests upon the ground, with the inner ankle lowered and very prominent and the foot apparently pushed outward. Flat feet are not infrequently the result of tuberculous process.

4. Any of the physical deficiencies mentioned above must be present in such degree as to clearly and unmistakably disqualify the man for military service before he can be found to be physically deficient and not physically qualified for military service.

5. Temporary effects of acute disease or of an injury are not to be regarded as justifying a finding that the person so affected is physically deficient and not physically qualified for military service, but may be regarded as justifying a reasonable delay in completing the physical examination in order that an opportunity for recovery may be afforded.

6. Upon the recommendation of the Provost Marshal General, medical officers will be directed, from time to time, to visit local boards for the purpose of observing the manner in which physical examinations are being conducted and conclusions based thereon. Such medical officers will be authorized to reexamine men whom the local boards have found to be physically deficient and not physically qualified for military service, and will be required to make a report of each such reexamination.

7. These regulations may be modified at any time by the President of the United States.

Extracts From Compiled Rulings of Provost Marshal General Which Modify the Foregoing Regulations.

Compiled Rulings No. 6, August 8, 1917.

(c) Ruling of the Surgeon General on Regulations for Physical Examination.

The following ruling of the Surgeon General on regulations for physical examination should be observed:

1. Under paragraph 2 (A). No departure from the present standard should be made in the matter of height. In the matter of weight the following additional reductions may be allowed:

61 to 63 inches, inclusive—no reduction from present standard.
64 to 67 inches, inclusive—5 to 6 pounds.
67 to 69 inches, inclusive—7 to 8 pounds.
70 to 74 inches, inclusive—9 to 10 pounds.
Above 75 inches—12 pounds.

A reduction in chest measurement of one-half inch may be allowed in heights of above 68 inches, provided there is no disease of the chest or contained organs.

2. Under paragraph 3—mouth, nose and fauces. In the case of defective teeth the following may be allowed:

A well-fitting artificial denture (bridge or plate) is allowed to take the place of missing teeth, provided the natural teeth present are sound and serviceable. If dental work will restore the teeth so as to meet requirements of proper mastication, the man should either be accepted or allowed sufficient time to have the necessary work done and enrolled later.

3. Under paragraph 2 (i) the following should be added:

Men may be accepted for the line of the Army when unable with either eye to read correctly all the letters on the 20/40 or 20/100 line, provided that they are able to read some of the letters on the line below.

4. Under the heading "Ears," paragraph 3, eliminate the present paragraph and substitute the following:

Any discharge from the ear. Perforation of tympanum in a dry ear is not disqualifying, provided the hearing is 10/20 or better.

Compiled Rulings No. 8, August 17, 1917.

(d) Physical Examination: Reduction in Weight Requirements.

The Surgeon General amends his regulations governing physical examinations so as to authorize acceptance of men 61 inches high, weighing not less than 110 pounds; 62 inches, same weight; 63 inches, not less than 112 pounds. The Surgeon General also authorizes acceptance of men 64 inches high and over of less than standard weight provided underweight is due to temporary causes and can, in the opinion of medical examiner, be reasonably explained.

Compiled Rulings No. 10, August 27, 1917.

(e) Flat Foot and Other Physical Deficiencies.

The following ruling of the Surgeon General is published for the information of local boards:

"The rules governing the matter of flat foot for men subject to the selective draft are fully set forth under the heading, 'Lower extremities,' paragraph 3 of the Regulations Governing Physical Examinations. In this paragraph it is specifically set forth that a broad, flat sole is common in laboring classes, *particularly among negroes*, and it is in no way disabling.

"In this connection attention is invited to paragraph 4 of the regulations. It would seem, if the provisions of this paragraph are closely observed, that there would be no necessity for asking many of the questions now sent in by members of the local boards. This paragraph is as follows:

"'Any of the physical deficiencies mentioned above must be present in such degree as to clearly and unmistakably disqualify the man for military service before he can be found to be physically deficient and not physically qualified for military service.'"

Examining physicians of local boards should consider the regulations as a guide to their discretion rather than a set of arbitrary rules destroying their discretion. The object is to procure men who are physically fit for the rigors of field service, and the determination of this question is left to the guided and learned discretion of medical men and not wholly to a chart of arbitrary rules.

Form No. 14, P. M. G. O.
Prepared by the Surgeon General of the Army.

PHYSICAL EXAMINATION

UNDER THE

SELECTIVE SERVICE ACT OF MAY 18, 1917

(See instructions, page 4)

(Surname) (Christian name.)

Serial No. _____

STATEMENT OF PERSON EXAMINED

Have you found that your health and habits in any way interfere with your success in civil life? If so, give details: _____

_____

_____

_____

Do you consider that you are now sound and well? If not, state details _____

_____

_____

_____

Have you ever been under treatment in a hospital or asylum? If so, for what ailment? _____

_____

_____

I certify that the foregoing questions and my answers thereto have been read over to me; that I fully understand the questions and that my answers thereto are correctly recorded and true in all respects.

I further certify that I have been fully informed and know that making or being a party to making any false statement as to my fitness for military service renders me liable to punishment by imprisonment.

_____
(Signature of person examined.)

_____ M. D.,
Examining Physician.

Place, _____

Date, _____

PHYSICAL EXAMINATION BY EXAMINING PHYSICIAN OF LOCAL BOARD

(Person under examination stripped.)

Weight, _____lbs.; height, _____inches.

Girth of chest (at nipples): At expiration, _____inches.

At inspiration, _____inches.

General examination (head, chest, abdomen, extremities): _____

_____

_____

_____

Nose and throat: _____

_____

Heart: _____

_____

Genito-urinary organs (urine will be examined in suspicious cases): _____

_____

_____

Hernia: _____

_____

Hemorrhoids: _____

Flat foot or other deformities of feet: _____

_____

Eyes: _____

Vision—Right eye, _____; left eye, _____

Ears: _____

Hearing—Right ear, _____; left ear, _____

Teeth:

		Right.								Left.							
Missing Teeth:	Upper,	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	Lower,	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

(Strike out those that are missing.)

Remarks: _____

_____

_____

_____

_____

I certify that I have carefully examined the person named on the first page hereof and have carefully recorded the results of the examination, and that it is my judgment and belief that he is *physically qualified for military service *physically deficient and not physically qualified for military service

by reason of_____

_____

_____ M. D.,
Examining Physician.

Place, _____

Date, _____

*Strike out clause not applicable.

FINDING OF LOCAL BOARD

Place, _____

Date, _____, 191

The Local Board finds the person named on the first page hereof *physically qualified for military service *physically deficient and not physically qualified for military service by reason of _____

_____

_____

_____

_____

_____
Clerk, Local Board.

_____
Executive Officer, Local Board.

*Strike out clause not applicable.

PHYSICAL EXAMINATION AT PLACE OF MOBILIZATION

(Person under examination stripped.)

Weight, _____lbs.; height, _____inches.

Girth of chest (at nipples): At expiration, _____inches.

At inspiration, _____inches.

General examination (head, chest, abdomen, extremities): _____

_____

_____

_____

Nose and throat: _____

_____

Heart: _____

_____

Genito-urinary organs (urine will be examined in suspicious cases): _____

_____

_____

Hernia: _____

_____

Hemorrhoids: _____

_____

Flat foot or other deformities of feet: _____

_____

Wassermann reaction: _____

_____

Eyes: _____

Vision—Right eye, _____; left eye, _____

Ears: _____

Hearing—Right ear, _____; left ear, _____

Teeth:

		Right.								Left.							
Missing Teeth:	Upper,	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	Lower,	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

(Strike out those that are missing.)

Remarks: ----------

I certify that I have carefully examined the person named on the first page hereof and have carefully recorded the results of the examination, and that it is my judgment and belief that he is *physically qualified for military service *physically deficient and not physically qualified for military service by reason of----------

---

Place, ----------

Date, ----------

*Strike out clause not applicable.

INSTRUCTIONS

1. The name of the person examined and the serial (red ink) number of his registration card will be entered in the spaces for that purpose on page 1 exactly as they appear on his registration card.

2. The questions under the heading "Statement of Person Examined" will be asked by the examining physician and the answers recorded by him before the person to be examined has been stripped. Any answer indicating a possible disqualification will be followed up by searching inquiry and examination and the result noted in the examining physician's report.

3. The physical examination will conform strictly to the requirements of this form and all prescribed regulations and instructions governing physical examinations under the Selective Service Act of May 18, 1917.

4. Deviations from normal, though not cause for finding the person examined physically deficient and not physically qualified for military service, will be noted under the proper headings.

5. The space under the Remarks will be used for continuation of an answer if the allotted space is insufficient, and for any further statement that the examining physician may desire to make.

6. In each case in which, after examination by one examining physician, a reexamination by another is required by regulations, an independent report of the reexamination will be made on this form; and the word "Reexamination" will be entered in red ink under the words "Serial Number" on the first page of the report of the reexamination. After completion of the reexamination the report thereof will be permanently attached to the report of the original examination.

WASHINGTON : GOVERNMENT PRINTING OFFICE : 1917

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